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Attorney Docket No.: 60710 (70904)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**APPLICANT:** M. MATSUSHITA, et al.

**U.S.S.N.:** 10/766,777

**GROUP ART UNIT:** 2861

**FILED:** January 27, 2004

**EXAMINER:** A. T. N. Vo

**FOR:** IMAGE FORMING APPARATUS

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION**

Sir:

The following is in response to the Office Action mailed October 24, 2006.

**Listing of Claims** begin on page 2 of this paper.

**Remarks** begin on page 11 of this paper.

01/05/2007 EFLORES 00000094 041105 10766777

01 FC:1201 400.00 DA  
02 FC:1202 50.00 DA

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JAN 03 2007

AMENDMENT TRANSMITTAL LETTER				Docket No. 60710 (70904)	
Application No. 10/766,777-Conf. #8288		Filing Date January 27, 2004		Examiner A. T. N. Vo	
				Art Unit 2861	
Applicant(s): Masaki Matsushita et al.					
Invention: IMAGE FORMING APPARATUS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 20 =	1	x 50.00	50.00
Independent Claims	5	- 3 =	2	x 200.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>450.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>450.00</u> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lisa Swiszczyk Hazard Attorney/Agent Reg. No.: 44,868 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444				Dated: <u>January 3, 2007</u>	

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**CENTRAL FAX CENTER****JAN 03 2007****FAX TRANSMISSION****DATE:** January 3, 2007**PTO IDENTIFIER:** Application Number 10/766,777-Conf. #8288

Patent Number

**Inventor:** Masaki Matsushita et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszczy Hazzard

**PHONE:** (617) 439-4444**Attorney Dkt. #:** 60710(70904)**PAGES (Including Cover Sheet):** 15**CONTENTS:** Amendment Transmittal (1 page);  
Response to Office Action (12 pages);  
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PTO/SR/07 (09-04)

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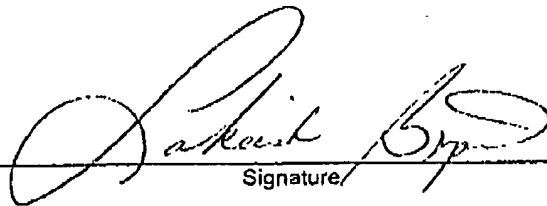
Application No. (if known): 10/766,777

Attorney Docket No.: 60710(70904)

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